

Montana Health Care Programs

CLAIM JUMPER



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Publications Reminder

It is the responsibility of all providers to be familiar with Medicaid manuals, fee schedules, provider notices for their provider type, and information published in *Claim Jumper* issues and on the Montana Medicaid [website](#).

Update! CMS-1500 (02/12)

As of April 1, 2014, the 08/05 version of the CMS-1500 was discontinued and only the 02/12 version is accepted. **Claims billed using the CMS-1500 (08/05) after April 1 were returned to providers.**

Montana Medicaid has received claims submitted on the 02/12 version, and providers are asked to note the following:

- Using the 02/12 version with the 08/05 format does not work. The diagnosis codes for Box 21 end up in the wrong location, and the Claims Unit will not key them to fit. If claims do not follow the 02/12 format, **payment of your claims could be affected.** Work with your software vendor to fix this issue.

- In conjunction with the incorrect claim format, boxes for diagnosis code pointers are being completed incorrectly; 24E is alphabetic, not numeric.
- We currently accept diagnosis codes in Boxes A–D on the CMS-1500 (02/12); for the 837P X12 5010 electronic claim this equate to 1–4. Anything submitted in boxes other than A–D on the CMS-1500 (02/12) or other than 1–4 on the 837P X12 5010 electronic claim could cause denial of line or claim.
- **Box 10d Claim Codes**
 - No longer scanned for the member ID. Montana Medicaid scans 1a, 9a, and 11 for the member ID.
- **Box 17 Name of Referring Provider or Other Source.**
 - Montana Medicaid accepts with referring provider’s name.
- **Box 17a Unlabeled**
 - Montana Medicaid reserves for Passport to Health referral number
- **Box 17b NPI and Unlabeled Field**
 - Montana Medicaid reserves for Indian Health Services referral number
- **Box 21 Diagnosis or Nature of Illness or Injury**
 - Decimal points are not allowed in Boxes A–L for diagnosis pointer.
- **Box 29 Amount Paid**
 - Montana Medicaid reserves for third party liability payments.

Providers rebilling a claim after April 1 must use the 02/12 version even if the 08/05 version was used to bill the claim.

Although a sample CMS-1500 (02/12) is on the [Forms](#) page, claim forms must be ordered from an authorized vendor.

Nurse First

Stay protected this summer!
See [page 2](#) for details!

Nursing Facility Services Bureau WebEx Trainings

The Nursing Facility Services Bureau will continue offering quarterly provider training via WebEx for Nursing Facility providers and staff.

The Bureau would like feedback on topics to include in these trainings.

Please contact Becky McAnally, Nursing Facility Services Program Officer, at bmcanally@mt.gov with your suggestions.

Our next training is scheduled for May 7, 2014. Additional information and an agenda will be sent to all Nursing Facility providers.

Submitted by Becky McAnally, DPHHS

2014 Spring Provider Fair

The fair will be held May 20–21, 2014, at the Helena Great Northern Hotel,

Register online no later than May 12. If registering after May 12, please call Provider Relations to register. Each participant must register individually. An e-mail confirmation of your registration will be sent to the e-mail address provided in during registration.

This training gives medical billers and providers an opportunity to learn more about Medicaid, Healthy Montana Kids (HMK)/CHIP, and Children’s Mental Health Services policies and billing practices.

If you have questions regarding the Spring Provider Fair, contact Provider Relations at 1-800-624-3958. Visit the [Training](#) page to register and for up-to-date information!

Payment Error Rate Measurement (PERM)

The FY2014 PERM reviews are in progress. The PERM program measures improper payments in Medicaid and CHIP and produces error rates for each program. The error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and CHIP in the fiscal year (FY) under review. PERM participation is required under the Federal Improper Payments Elimination and Recovery Act (IPERA) of 2010.

When a claim is selected for a PERM review, the provider will receive a letter directly from the PERM contractor (A+ Government Solutions) requesting specified records and documents pertaining to the claims under review. It is critical for providers to respond timely. All claims with no documentation or insufficient documentation from the provider will be determined to be paid in error and State Medicaid agencies will recover the payment made to the provider.

It is recommended that providers become familiar with the PERM review process by visiting <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/PERM/Providers.html>. This page was developed to help Medicaid and CHIP providers better understand the PERM process and what you may be required to do during a PERM review.

Montana has a state-specific PERM website, <http://www.dphhs.mt.gov/perm/>, where you can gather more information on the PERM process. A short informative video is also available on YouTube <http://www.youtube.com/watch?v=Vt3UAdLABUY>.

Submitted by Jody Dalbec, DPHHS

Passport Provider Change Form

The Passport to Health Program recently revised some forms used for the program. The [Member's Provider Change/Enrollment Form](#) was updated to include more details in identifying who is completing the form. In addition, the new form streamlines the member section and lists several possibilities for the reason the member is changing providers. Effective June 1, 2014, the Montana Medicaid/ HMK *Plus* Help Line will no longer accept older versions of the provider change form.

The form is intended to be used when a member wishes to choose a new Passport to Health provider. Parents or guardians may change the provider for one member or the entire family. Providers may also suggest a member change his/her Passport provider to their practice if they see the member frequently or for routine visits and the provider believes the member would benefit.

Providers may also access the provider change form on the Passport to Health [webpage](#). Members may change Passport providers by calling the Medicaid/HMK *Plus* Help Line at 1-800-362-8312 or by selecting the [Choose Your Passport Provider](#) option in the left menu on <http://www.dphhs.mt.gov/medicaid/member/>.

Submitted by Amber Sark, DPHHS

IMPORTANT Effective Immediately for All Providers Use the Medicaid Member ID

Use the Medicaid member ID, **not** the member's Social Security number, for billing purposes and checking eligibility to ensure expenditures go to the correct member and query information is for the correct member. If you only have the member's SSN, have questions, or need assistance, contact Provider Relations at 1.800.624.3958.



May Is Skin Cancer Awareness Month

While protection from ultraviolet radiation is important all year, winter weather is finally beginning to wind down, which means your patients will be spending more time outdoors.

Consider sharing these helpful tips with your patients as they prepare to spend more time in the sun.

The Centers for Disease Control and Prevention advises that the hours between 10 a.m. and 4 p.m. are the most hazardous for UV exposure outdoors in the continental United States. Also, UV rays from sunlight are the greatest during the late spring and early summer in North America.

Following are a few recommendations shared by the CDC for easy UV protection and reducing the risk of skin cancer to share with your patients:

- Stay in the shade, especially during midday hours.
- If outdoors for long periods of time, wear clothing that covers the arms and legs.
- Wear a hat with a wide brim that shades the face, head, ears, and neck to keep these sensitive areas safe from sunburn.
- Wear sunglasses. Those that block UVA and UVB rays are best.
- Use sunscreen with an SPF of 15 or higher. Sunscreen used should also block UVA and UVB rays.

While these tips are very helpful, Nurse First is always here to advise your patients on how best to deal with over exposure to the sun.

Nurse advice is only a phone call away 24/7/365. Call 1-800-330-7847.

Submitted by Heather Racicot, DPHHS

Publications Available on the Website

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from the Provider Information [website](#). Select Resources by Provider Type for a list of resources specific to your provider type.

If you cannot access the information, contact Provider Relations at 1-800-624-3958 or 406-442-1837 in Helena.

Date	Provider Type	Description
Provider Notices, Manuals, and Replacement Pages		
03.18.2014	Hospital Outpatient	Billing Multiple Same-Day Visits on a UB-04 or 837I and Condition Code G0
03.18.2014	All Providers	Information Regarding CMS-1500
03.25.2014	Freestanding Dialysis	Freestanding Dialysis Services Manual, Replacement Pages
03.27.2014	DME	Home Blood Glucose Monitors and Related Accessories and Supplies Update
03.31.2014	Psychologist, Physicians, PRTF, Social Worker, LCPC, Mental Health Center, Targeted Case Manage (Mental Health), Therapeutic Group Home, Therapeutic Foster Care, Psychiatrist	Adult Mental Health Manual
04.02.2014	PPS Hospitals	Medicaid and G Codes (Updated)
04.01.2014	Hospitals	Critical Access Hospital Manual, Replacement Pages
04.04.2014	IHS	IHS Manual, Replacement Pages
Fee Schedules		
03.0.2014	Private Duty Nursing	Fee Schedule, July 1, 2013
03.14.2014	Hospital Inpatient, Hospital Outpatient, Physician, Psychologist, PRTF, Social Worker, Mid-Level, Schools, Mental Health Center Licensed Professional Counselor, Therapeutic Foster Care, Public Health Clinic, Targeted Case Management (Mental Health), and Psychiatrist	Fee Schedule Mental Health Youth, January 1, 2014
03.24.2014	Hospital Inpatient	APR-DRG, July 2013
03.25.2014	Nursing Facility	Nursing Home/Swing Bed Fee Schedule, January 1, 2014
Other Resources		
03.07.2014 03.28.2014	Pharmacy	DUR Meeting Minutes, February 19, 2014 DUR Meeting Agenda, April 21, 2014
03.07.2014	Pharmacy	Montana SMAC Update
03.13.2014 03.28.2014 03.28.2014	All Providers	Presumptive Eligibility Application (Revised) 2014 Presumptive Eligibility Reference Guide (Revised) Current Income Calculation Tool (Revised)
03.17.2014	All Providers	April 2014 <i>Claim Jumper</i>
03.19.2014	Pharmacy	MHSP Formulary
03.27.2014	Hospital Inpatient and Hospital Outpatient	Key Contacts (Updated)
04.01.2014	Hospital Outpatient, Podiatrist, ASC, Family Planning, Pharmacy, Ambulance, Physician, Lab/Imaging, Social Worker, Mid-Level, Freestanding Dialysis, Home Health, Psychiatrist, IDTF, and Provider Information	Rebateable Labelers
04.01.2014	Physicians and Mid-Levels	Enhanced Payment Monthly Enrollment
04.02.2014	All Providers	Montana Access to Health Web Portal Link Request
04.02.2014	Presumptive Eligibility	Training Video

Top 15 Claim Denial Reasons		
Exception	March Ranking	February Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	3
RATE TIMES DAYS NOT = CHARGE	3	2
PA MISSING OR INVALID	4	4
DRUG CONTROL CODE = 2 (DENY)	5	5
PASSPORT PROVIDER NO. MISSING	6	6
REFILL TOO SOON PDCS	7	7
REFILL TOO SOON	8	8
DEPRIVATION CODE RESTRICTED	9	13
SLMB OR QI-1 ELIGIBILITY ONLY	10	10
RECIPIENT COVERED BY PART B	11	9
MISSING OR INVALID INFORMATION	12	11
REV CODE INVALID FOR PROV TYPE	13	12
SUSPECT DUPLICATE	14	14
CLAIM INDICATES TPL	15	15

Key Contacts

Provider Information

<http://medicaidprovider.hhs.mt.gov/>

Xerox EDI Solutions (previously ACS EDI Gateway)

<http://www.acs-gcro.com/gcro/>

EDI Support Unit – Montana 1-800-987-6719

Provider Relations 1-800-624-3958 (In/Out of State)

406.442-1837 (Helena)

406.442-4402 Fax

MTPRHelpdesk@xerox.com

Third Party Liability 1-800-624-3958 (In/Out of State)

406-443-1365 (Helena)

406-442-0357 Fax

Electronic Funds Transfer and Electronic Remittance Advices

Fax completed documentation to Provider Relations, 406-442-4402.

Verify Member Eligibility

FaxBack 1-800-714-0075

Voice Response 1-800-714-0060

Point-of-Sale Help Desk for Pharmacy Claims 1-800-365-4944

Passport 1-800-362-8312

Prior Authorization

Mountain-Pacific Quality Health 1-800-262-1545

Mountain-Pacific Quality Health – DMEPOS/Medical

406-457-5887 Local; 877-443-4021, Ext. 5887 Long-Distance

Magellan Medicaid Administration (dba First Health) 1-800-770-3084

Transportation 1-800-292-7114

Prescriptions 1-800-395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604

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